



KEHP DEPENDENT VERIFICATION CENTER
P.O. Box 21549
Louisville, KY 40221-9801

September 1, 2010

emp_name
street
street2
city, state zip



Upload. www.auditos.com



FAX. (888) 688-2036



Mail. P.O. Box 21549, Louisville, KY 40221-9801



PHONE. (877) 774-3422

REFERENCE NUMBER : EID

RESPOND BY: October 11, 2010

ACTION IS REQUIRED.

FAILURE TO RESPOND TO THIS VERIFICATION LETTER WILL RESULT IN THE REMOVAL OF YOUR DEPENDENT(S) FROM HEALTHCARE COVERAGE.

Dear emp_name,

As part of our commitment to control health care costs, the Commonwealth of Kentucky is taking steps to ensure that only eligible dependents are covered under the Kentucky Employees' Health Plan (KEHP). To accomplish this, the Department of Employee Insurance has retained the services of Chapman Kelly, Inc. (Chapman Kelly), an independent firm, to conduct a dependent eligibility verification program. This program is intended to ensure that each dependent enrolled in the Kentucky Employees' Health Plan is accurately listed and eligible for coverage.

In order to ensure that dependents enrolled in any of the plans offered under the Kentucky Employees' Health Plan meet the eligibility guidelines, Chapman Kelly has been authorized to obtain documentation regarding your enrolled dependents. Protecting your personal information is a priority to the KEHP and Chapman Kelly. All documents provided during the dependent verification program are securely stored and protected through physical, electronic and procedural safeguards. *For more information on privacy and security, please refer to the enclosed Frequently Asked Questions (FAQ).*

A detailed list of documents required to validate each dependent can be found on the reverse side of this letter. You must provide all required documentation for each enrolled dependent to Chapman Kelly no later than **October 11, 2010**. You will be notified by mail that all documentation has been received if all documents are submitted before **October 11, 2010**.

DETAILED INSTRUCTIONS

- Review the definition of an eligible dependent below.
- Indicate current eligibility and/or terminate dependents who do not meet the definition of an eligible dependent.
- Collect **ALL** required documentation listed on the reverse side of this letter for each dependent.
- Follow the **Documentation Submission Checklist** on the back of the enclosed FAQ page.
- Sign and date the reverse side of this letter.
- Submit the signed letter and copies of **ALL** required documentation* to Chapman Kelly by **October 11, 2010**.

*Documents will not be returned.

DEFINITION OF AN ELIGIBLE DEPENDENT

SPOUSE

- ✓ An employee, retiree, or beneficiary's legally married spouse

CHILD

- ✓ Your unmarried *child** up to age 25 who is primarily dependent on you, the employee or retiree, for the child's maintenance and support and who lives with the employee or retiree, unless the child is presently enrolled as a full-time student. Coverage is also extended to children of any age who are categorized as permanently disabled before age 25 and are completely dependent upon the employee or retiree.

**A child is defined as the employee, retiree or beneficiary's son, daughter, stepson, stepdaughter, eligible foster child of the employee, adopted child, or grandchild (if the employee has legal guardianship or custody papers).*

SEE REVERSE SIDE TO COMPLETE (OVER) →

Enrolled Dependent Name Relationship DOB	Does this dependent meet the DEFINITION OF AN ELIGIBLE DEPENDENT?		If NO, what date did the dependent NO LONGER qualify as an eligible dependent?
	Yes	No	
Jane Doe, Spouse 07/15/1970	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Student 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	
Johnny Doe, Student 05/19/1990	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	
James Doe, Child 01/15/2000	<input type="checkbox"/>	<input type="checkbox"/>	

For dependents that DO NOT meet the definition of an eligible dependent where 'NO' is marked above, **DOCUMENTATION IS REQUIRED ONLY IF YOU DO NOT WANT COVERAGE RETROACTIVELY TERMINATED BACK TO THE FIRST DATE OF COVERAGE** (if the dependent lost eligibility after you added them to coverage due to a change in status [i.e. divorce or age] coverage will be terminated based on the date of the event, but documentation must be provided to prove status change).

REQUIRED DOCUMENTATION
All Required Documentation **MUST** include date and/or year, employee name, and dependent's name. For more details regarding required documentation please visit www.auditos.com.

SPOUSE

- ✓ Marriage Certificate
- AND**
- ✓ A copy of one form of documentation establishing current marital status such as a joint household or utility bill, or separate household bills reflecting each spouse's name at the same address, joint bank account, joint lease, or front page of your jointly filed 2009 federal tax return. This documentation must have been issued within the past 6 months.

CHILDREN

- ✓ A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian
- AND**
- ✓ A copy of the front page of your filed 2009 federal tax return confirming this child as a dependent
- OR**
- ✓ A copy of the front page of the child's filed 2009 federal tax return confirming this child as a dependent
- OR**
- ✓ A valid court document showing that the employee or spouse must provide health insurance.
In addition, if this child does not live with you, you must provide a copy of their Spring 2010 school schedule that shows the child is a full-time student*


DISABLED DEPENDENT CHILDREN

- ✓ A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian
- AND**
- ✓ A copy of the front page of your filed 2009 federal tax return confirming this child as a dependent


**If your dependent is eligible under the Plan based upon his/her student status, and the dependent must take a medically necessary leave of absence which would prevent them from maintaining eligibility under the Plan, the dependent may still be eligible for coverage under the plan for up to one year after the medically necessary leave of absence begins. Your dependent's treating physician must submit a certification to the Department of Employee Insurance which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.*

SIGN AND DATE
By my signature of this form, I certify and warrant to the Commonwealth of Kentucky that all information on this form is true, correct, and current as of the date signed and any attempt to maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action.

Signature of Employee (REQUIRED): _____ Date: _____

**Upload.** www.auditos.com

- Documentation Assistance
- Documentation Examples
- Status Updates
- Useful Online resources
- ...and more!

**Fax.** (888) 688-2036

- Faster Processing
- Paperless upload

FOR FASTER DEPENDENT VERIFICATION PROCESSING

Submission Deadline is October 11, 2010

DEADLINE FOR VERIFICATION IS OCTOBER 11, 2010

Reference Number: <EID>

Employee Name: <Emp Name>



WEB – available 24 hours a day, 7 days a week
Visit us at: www.auditos.com
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FAX – available 24 hours a day, 7 days a week
(888) 688-2036
• fast, paperless document submission •



PHONE – available 8am – 8pm M-F EST
(877) 774-3422
• status updates • customer service •

PLEASE RETAIN FOR YOUR RECORDS. THE INFORMATION LISTED ABOVE IS VITAL TO COMPLETING THIS AUDIT.



DEPENDENT VERIFICATION PROGRAM FREQUENTLY ASKED QUESTIONS

Additional FAQs and eligibility rules are located at www.auditos.com.

WHY IS THIS VERIFICATION PROGRAM BEING CONDUCTED?

The Kentucky Employees’ Health Plan is sensitive to the rising costs of health care premiums for our employees and feels that this verification is necessary:

- In order to control premium and claim costs, insurance dollars should only pay for eligible dependents.
- As laws become more stringent, dependent verification is an important tool to maintain enrollment accuracy and prevent fraud.

WHO IS CHAPMAN KELLY, INC.?

Chapman Kelly, Inc. is an independent third-party audit company that the Commonwealth of Kentucky has contracted with to verify the eligibility of dependents covered under its medical health care plans. Chapman Kelly, Inc. specializes in verifying health plan eligibility and has audited verification documentation for hundreds of thousands of dependents for some of the largest employers in the United States.

The verification process includes the handling and proper disposal of sensitive personal information. Experience and expertise are necessary to complete this program carefully and successfully, and to limit the inconvenience to participants.

WHAT IS THE FASTEST WAY FOR ME TO COMPLETE THE AUDIT PROCESS?

Step 1: Review the verification letter to determine what information is required to validate ALL eligible dependents.
Step 2: Locate and make copies of ALL necessary documentation. Copies should be legible, black and white copies. Include the Reference Number in the upper left hand corner and black out any social security or personal information.
Step 3: Document upload is available by logging on to www.auditos.com, or you can fax documentation to (888) 688-2036. Use the back of the verification letter as the cover sheet when faxing all documents. To ensure security, our electronic fax service will load documents into our application securely; no paper is generated using the document upload or fax submission methods. You may also mail your documents using the envelope provided. To expedite Documentation Verification - **DO NOT USE COLOR PAPER, STAPLE, HIGHLIGHT, or TAPE** any of the Documents.

CAN EXCEPTIONS BE GRANTED TO ALLOW MY INELIGIBLE DEPENDENT TO STAY COVERED?

No. Only dependents that currently satisfy the plan’s eligibility definition can remain covered.

If the dependent is no longer eligible because of a “qualifying event,” (e.g. divorce, legally separated, child reaches age limit) see your Insurance Coordinator for COBRA details.

WHAT IS THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events.

WHAT HAPPENS IF I DO NOT SUBMIT ALL REQUIRED DOCUMENTS BY THE VERIFICATION DEADLINE?

If you **fail to provide** or **knowingly submit false information** for enrolled dependents – one or all of the following actions may occur:

- The ineligible dependent(s) and/or dependents for which complete documentation has not been submitted will be removed from coverage.
- The Kentucky Employees’ Health Plan may seek to recover all claims paid during the period that the ineligible dependent was covered.
- You may be subject to disciplinary action.

The Kentucky Employees’ Health Plan is ultimately responsible for determining how best to handle each individual case.

WILL I BE REIMBURSED FOR THE COST OF OBTAINING THESE DOCUMENTS?

No, any charge for obtaining copies of required documents is your responsibility.

DOCUMENTATION SUBMISSION CHECKLIST:

- ☐ Submit all documents listed as **REQUIRED DOCUMENTS** on the back of the verification letter.
- ☐ Ensure each document is a **LEGIBLE BLACK and WHITE COPY** of the original document (*original documents will not be returned*).
- ☐ Include your **NAME** and **REFERENCE NUMBER** for easy identification on all submitted documents in the upper left hand corner.
- ☐ Write '**NOT FOR OFFICIAL USE**' and **BLACK OUT** all social security numbers or income information on all documents.
- ☐ **SIGN** and **DATE** the back of the verification letter with blue or black ink.

To expedite Document Verification - **DO NOT USE COLOR PAPER, STAPLE, HIGHLIGHT, or TAPE** any of the Documents.

Return **ALL REQUIRED DOCUMENTATION AND SIGNED LETTER** by October 11, 2010 in the enclosed envelope to:
KEHP DEPENDENT VERIFICATION CENTER, P.O. Box 21549, Louisville, KY 40221-9801 or via fax to (888) 688-2036.

WHERE DO I GO TO OBTAIN MORE INFORMATION REGARDING MY REQUIRED DOCUMENTS?

For Required Documentation examples, resources to locate your documentation, or links to obtain your documentation, visit us online at www.auditos.com.

MAY I PROVIDE THE DOCUMENTS TO THE DEPARTMENT OF EMPLOYEE INSURANCE OR MY INSURANCE COORDINATOR?

No. The Department of Employee Insurance will not forward documents to Chapman Kelly nor will they provide employees with copies of previously submitted documents.

The only way to ensure that all documents are logged appropriately and eligibility is verified is to use the system that the Commonwealth of Kentucky has set up through Chapman Kelly. Please do not call the Commonwealth of Kentucky Human Resources Department with questions or for assistance with the verification program, as this is an independent audit.

WHAT ARE MY OPTIONS FOR SUBMITTING DOCUMENTATION TO CHAPMAN KELLY?

Document upload on the secure website: Log-in to <https://auditos.com> using your reference number and date of birth. Once you have accessed the site you should click the "My Documents" tab. Once logged in, you will see the "Upload File" button. After you locate your file and successfully upload it you will receive a pop-up box confirming that your upload was successful.

Fax: Chapman Kelly's toll-free fax number is (888) 688-2036. You may fax your documents 24 hours a day, 7 days a week.

Mail: Documents can be mailed to the KEHP DEPENDENT VERIFICATION CENTER, P.O. Box 21549, Louisville, KY 40221-9801. Please allow 5-7 business days for your documents to be received and an additional 5 business days for documents to be processed.

THE DOCUMENTATION REQUIRED CONTAINS SENSITIVE DATA. IS THIS PROCESS SECURE?

Protecting personal information is a priority to the Commonwealth of Kentucky and Chapman Kelly. In compliance with applicable U.S. (federal) and state regulations, information and documentation submitted to Chapman Kelly for the dependent verification program are stored, processed and protected by physical, electronic and procedural safeguards. **When submitting marriage certificates, birth certificates and other documents, please mark each document "Not for Official Use".** This notation stipulates that the documents be used only for the purposes of verifying the eligibility of your dependents. When submitting your tax documentation, only the top portion which includes the names of employee, spouse and any dependent children is required. Please blacken out the social security number, as well as any income information.

All documents are securely stored for six months following completion of the verification program. Upon expiration of the retention period, all documents and electronic files will be securely destroyed by Chapman Kelly and a Certificate of Destruction will be supplied to the Commonwealth of Kentucky. **Please note that documents provided will NOT be returned.** Chapman Kelly meets all of the professional and legal standards associated with providing service to employers, including the Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), and disposal rules as enforced by the Federal Trade Commission. In addition, every employee of Chapman Kelly submits to a thorough and multi-tiered background check. Only Chapman Kelly employees directly involved in the Commonwealth of Kentucky dependent verification program will have access to these documents.

For further assistance you may visit the website for this program, www.auditos.com. Chapman Kelly Customer Care Representatives are available toll-free at PHONE: 877-774-3422 Monday through Friday 8AM – 8PM EST.

When mailing documents please send to KEHP DEPENDENT VERIFICATION CENTER, P.O. Box 21549, Louisville, KY 40221-9801.